



City of Sanford Volunteer Application



**Completed applications can be mailed to:
Sanford Police Department, Volunteer Program
815 Historic Goldsboro Blvd., Sanford FL 32771**

Date of Application / / <i>Month / day / year</i>	Name of Applicant _____ <i>First Name</i>			_____ <i>Last Name</i>	_____ <i>Middle Name</i>
Previous Names <i>(if Applicable)</i> _____					
Date of Birth / / <i>Month / day / year</i>	Height _____	Weight _____	Eye Color _____	Hair Color _____	
Social Security Number - - _____	Race _____	Sex _____	US Citizen Yes No <i>Circle one</i>		

Street Address _____			_____ <i>Apt. Number</i>		
<i>City</i>		<i>State</i>		<i>Zip</i>	
Mailing Address _____					
					_____ <i>Apt. Number</i>
<i>City</i>		<i>State</i>		<i>Zip</i>	
Home Phone	_____	Listed	_____	Unlisted	_____
Work Phone	_____	May we call?	_____		
Cell Phone	_____	Email	_____		

Emergency Contact	_____	Phone Number	_____
Street Address _____		_____ <i>Apt. Number</i>	
<i>City</i>		<i>State</i>	
		<i>Zip</i>	

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Employment History:

Please list all employment experience, including temporary and part time, within the past 10 years. Account for all periods, including unemployment and service in the Armed Forces. If more than one position was held with the same employer, list the information in the next block(s). If you were employed under a different name, please enter name, please enter name in the right hand margin.

Recent Employer _____	Dates Employed	From _____	To _____
Address _____			
Supervisor's Name _____	Job Title _____		
Duties _____			
Employer's Phone Number _____			
May we contact this employer?		Yes	No
Previous Employer _____	Dates Employed	From _____	To _____
Address _____			
Supervisor's Name _____	Job Title _____		
Duties _____			
Employer's Phone Number _____			
May we contact this employer?		Yes	No
Previous Employer _____	Dates Employed	From _____	To _____
Address _____			
Supervisor's Name _____	Job Title _____		
Duties _____			
Employer's Phone Number _____			
May we contact this employer?		Yes	No

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Volunteer Experience:

Please list any volunteer experience that you have had. If you volunteered under a different name, please enter the name in the right hand margin.

Organization _____	Volunteer Dates	From _____	To _____
Address _____			
Supervisor's Name _____	Job Title _____		
Duties _____			
Organization's Phone Number _____			
May we contact this organization?		Yes	No
Organization _____	Volunteer Dates	From _____	To _____
Address _____			
Supervisor's Name _____	Job Title _____		
Duties _____			
Organization's Phone Number _____			
May we contact this organization?		Yes	No
Organization _____	Volunteer Dates	From _____	To _____
Address _____			
Supervisor's Name _____	Job Title _____		
Duties _____			
Organization's Phone Number _____			
May we contact this organization?		Yes	No

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References - List three references (not related to you) and relationship to applicant

Name: _____
Address: _____
Email Address: _____ Relationship: _____
Name _____
Address _____
Email Address: _____ Relationship: _____
Name _____
Address _____
Email Address: _____ Relationship: _____

ATTENTION:

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THE CERTIFICATION

The City of Sanford and Sanford Police Department are authorized to verify any information contained herein. A false answer to any question in this application may be grounds for terminating your volunteer services. All statements are subject to investigation, including a check of your training, experience and criminal history. In addition, you will be asked to be photographed and fingerprinted. All information will be considered in reviewing your application. Also, your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I also certify that I have read the statements above. If accepted for volunteer service, I agree to abide by and comply with all rules, regulations, policies and procedures of the City of Sanford and the Sanford Police Department. I understand that this is an unpaid volunteer position, which does not provide me any employment rights or benefits. I understand and agree that I am free to terminate my services at any time. I further understand and agree that the City of Sanford and the Sanford Police Department has the right to remove me from the program at any time and for any reason.

Print Name: _____ Date: _____

Signature: _____

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AREA OF INTEREST

NAME: _____

SANFORD POLICE DEPARTMENT

- Accreditation
- Administration
- Bicycle Patrol
- Chaplain *(must be an ordained Minister)*
- Patrol (Vehicle, Bike)
- Investigations
- Records
- Training
- Internship

Department: _____

Approximate number of hours you can volunteer:

	<i>Morning (Days/Hours)</i>	<i>Afternoon (Days/Hours)</i>	<i>Evening (Days/Hours)</i>
<i>Weekdays</i>			
<i>Weekend</i>			

I HAVE STRONG SKILLS IN: _____

I WOULD LIKE TO LEARN MORE ABOUT: _____

I WOULD RATHER NOT HAVE TO DO: _____

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